

**SITE VISIT REGISTRATION AND RELEASE OF LIABILITY FORM FOR PROSPECTIVE BIDDERS  
INSPECTING THE PROPERTY AT 123 WEST ALLEGAN STREET AND 215 SOUTH CAPITOL AVENUE IN  
THE CITY OF LANSING, COUNTY OF INGHAM, STATE OF MICHIGAN**

Instructions: Two guided tour opportunities are scheduled for prospective bidders of the surplus real property consisting of **"The Billie S. Farnum Building"** located at 123 West Allegan Street (sometimes also addressed as 125 West Allegan Street) and its exclusive parking lot located at 215 South Capitol Avenue in the City of Lansing, County of Ingham, State of Michigan ("the Property"). The tour dates available are **Friday, February 16, 2018 and Friday, March 16, 2018, with each tour starting at 10:00 a.m. EST, rain or shine.** The tours will be substantially the same and offer the same views of the Property interior and exterior spaces. Prospective bidders are strongly encouraged to participate in at least one of the two tours, but is not required.

Parties interesting in touring the property must complete and submit this Release of Liability Form (one form copy per person per tour) to the DTMB Real Estate Division preferably via email to the attention of the Farnum Building Sale Project Manager at [dtmb-realestate@michigan.gov](mailto:dtmb-realestate@michigan.gov). It is requested and recommended that interested parties each submit their completed "Release of Liability" form no later than the Monday immediately before the tour date. For the Friday, February 16, 2018 tour, the requested date to submit the form is Monday, February 12, 2018. For the Friday, March 16, 2018 tour, the requested date to submit the form is Monday, March 12, 2018. However, no one who arrives on time for one or both tour dates and submits a properly completed copy of the Release of Liability form prior to entry will be turned away. Note that each copy of the Release of Liability form can only accommodate the release and registration of one person for one tour date. Please print or type legibly.

\* \* \*

The undersigned hereby releases the State of Michigan, including all its separate Constitutional branches, executive departments, agencies, boards, employees, agents, and/or any tenant(s), from liability for any injury and/or damages (if any) resulting from the undersigned's inspection of the property referenced above and further described as:

**DESCRIPTION:** Parcels of land situated in the City of Lansing, County of Ingham, State of Michigan, and described as follows to-wit:

**Parcel A:** (The Farnum Building Site) (AS FURNISHED IN LIBER 1259 PAGE 141 OF INGHAM COUNTY RECORDS) The East 30 feet of the West 78 feet of the North 100 feet of Lots 11 and 12 and the North 100 feet of the West 48 feet of Lots 11 and 12, Block 115, Original plat, City of Lansing, Ingham County, Michigan, according the recorded plat thereof. This parcel is also identified by City of Lansing parcel number 33-01-01-16-328-001

**Parcel B:** (The Parking Lot Site) (AS FURNISHED IN LIBER 1437 PAGE 1022 OF INGHAM COUNTY RECORDS) The North 32 5/6 feet of Lot 10 and the South 21 feet of Lot 11, Block 115, Original Plat, City of Lansing, Ingham County, Michigan, according to the recorded plat thereof. This parcel is also identified by City of Lansing parcel number 33-01-01-16-328-011

The undersigned also agrees to take reasonable precautions to prevent any damage to the Property arising from their inspection thereof and to replace, or fully compensate the State of Michigan at replacement value for any damage arising from their inspection of the Property. Finally, the undersigned acknowledges and understands the property offered features original construction dating to 1959 which may not be readily accessible for persons requiring the use of a wheelchair, walker or similar device. Existing physical characteristics of the property may make it unfeasible to fully accommodate persons with such disabilities on all parts of the property, though every reasonable effort will be made to.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Company/Affiliation: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

Do you require special tour accommodations for a disability? (Check one) \_\_\_\_\_ yes \_\_\_\_\_ no  
If yes, please describe: \_\_\_\_\_

FORM OUTDATED - NEW VERSION ISSUED WITH APPOINTMENT